

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1957

57-021736

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>5667</u>		Registrar's No. <u>79</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Bedford Twp.</u>		c. LENGTH OF STAY (in this place) <u>30 Min.</u>		c. CITY OR TOWN <u>Creve Couer</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>X</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>Emerson Road</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clifton</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Brown</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>23</u>		(Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 14, 1908</u>		9. AGE (In years last birthday) <u>49</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder &amp; Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Petroleum</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Eolia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hannibal Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Orlie Sue Barton</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Bayer Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Bayer Creve Coeur, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Fractured Skull, Chrushed Chest</u>  ANTECEDENT CAUSES <u>Automobile Accident</u>  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  8/6/1 26				INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway # 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>057</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY <u>June 23, 1957</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car in which he was riding collided with a panel truck</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>June 23, 1957</u> , and that death occurred at <u>10:17 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph J. Marsh</u>		(Degree or title) <u>CORONER</u>		23b. ADDRESS <u>Troy, Missouri</u>		23c. DATE SIGNED <u>6/24/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/27/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Monica Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-28-57</u>		REGISTRAR'S SIGNATURE <u>Emmanuel B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ortman Funeral Home Overland Mo.</u>			

(Licensed Embalmer - Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 28 1957

AUG 5 1957

SEP 18 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Al C. Artmann

Licensed Embalmer No. 3478

P. O. Address Overland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.